

ISDH Hospital Fiscal 2003 Report and Statistical Comparison

Hospital: Washington County Memorial Hospital

Year: 2003 City: Salem Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$7,198,643	Salaries and Wages	\$7,105,856
Outpatient Patient Service Revenue	\$25,009,138	Employee Benefits and Taxes	\$1,136,350
Total Gross Patient Service Revenue	\$32,207,781	Depreciation and Amortization	\$1,083,719
2. Deductions from Revenue		Interest Expenses	\$144,181
Contractual Allowances	\$148,754,624	Bad Debt	\$1,546,551
Other Deductions	\$107,000	Other Expenses	\$6,502,272
Total Deductions	\$14,861,624	Total Operating Expenses	\$17,518,929
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$17,346,157	Net Operating Revenue over Expenses	\$1,381,554
Other Operating Revenue	\$1,554,326	Net Non-operating Gains over Losses	\$288,848
Total Operating Revenue	\$18,900,483	Total Net Gain over Loss	\$1,670,402

6. Assets and Liabilities	
Total Assets	\$20,051,469
Total Liabilities	\$20,051,469

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$13,767,347	\$7,284,000	\$6,483,347
Medicaid	\$4,566,844	\$3,714,000	\$852,844
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$13,873,590	\$3,756,624	\$10,116,966
Total	\$32,207,781	\$14,754,624	\$17,453,157

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$288,848	\$0	\$288,848
Educational	\$1,430	\$26,842	(\$25,412)

Research	\$0	\$0	\$0
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Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital 0

Number of Hospital Patients Educated In This Hospital 0

Number of Citizens Exposed to Hospital's Health Education Messages 2,106

Statement Four: Costs of Charity and Subsidized Community Benefits

Category	Estimated Incoming Revenue	Estimated Outgoing Expenses	Unreimbursed Costs by Hospital
Charity	\$430,461	\$1,973,590	(\$1,543,129)
Community Benefits	\$0	\$26,842	(\$26,842)

For further information on this report, please contact:

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**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	192	238
2. % of Salary	Salary Expenses divided by Total Expenses	40.6%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	13.8	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.3	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,279	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,179	\$8,869
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	77.6%	66.0%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$803	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.7%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.8%	8.0%

11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$58,390)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.3	3.2

Note:

1. NP = No medical-surgical patients or outpatient visits.
2. See Statewide Results for definition of terms.